

Gracious Healthcare Services LTD

# Gracious Healthcare Services Ltd

## Inspection report

592 Bloxwich Road  
Walsall  
WS3 2XE

Tel: 01922669797  
Website: [www.gracioushealthcare.co.uk](http://www.gracioushealthcare.co.uk)

Date of inspection visit:  
13 May 2022

Date of publication:  
09 June 2022

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Gracious Healthcare is a care agency registered to provide personal care to people living in their own homes. At the time of our inspection there were 21 people using the service.

Not everyone who uses this type of service would receive personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

The provider's oversight of the service had not identified some improvement was required in their risk assessments for people using paraffin based creams, protocols for 'as required' medicines and consistency with some information written in people's care plans. These were actioned immediately at the time of the inspection and information submitted to us to evidence the changes had been made.

People and their relatives told us they felt the service was safe and met their identified needs. People were protected from abuse because systems were in place to keep people safe from risk of avoidable harm. Staff were aware of their responsibilities to keep people safe from abuse. Risks had been assessed with enough staff members available to support people safely. People's medicines were managed safely. Staff followed infection control guidance and had access to personal protective equipment. There were processes in place to investigate complaints or incidents to reduce risk of reoccurrences.

People's care and support was planned in partnership with them and persons close to them and risk assessments were regularly reviewed and updated. Staff received induction training. People were supported by trained staff who were knowledgeable about people's individual needs and had the skills and knowledge to support them safely. Staff sought people's consent and encouraged people to make their own decisions. Where appropriate, staff supported people safely with nutritional and hydration needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by kind and caring staff who knew people well. People's individual needs were respected and staff supported people with dignity and respect.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 08 July 2020 and this is the first inspection.

#### Why we inspected

This is a newly registered provider and we needed to inspect and rate the service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Gracious Healthcare Services Ltd

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 13 May 2022 and ended on 18 May 2022. We visited the location's office on 13

May 2022.

#### What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection activity

We spoke with two people using the service, four relatives, the registered manager and five care staff. We reviewed a range of records. This included four people's care and medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including staff training, policies and procedures were also reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People and relatives we spoke with consistently told us they felt staff followed the risk assessments and care plans to provide safe care. One relative told us, "[Person] has had poor skin for a long time but as soon as we changed (providers) it healed and never came back. We can't praise it [the service] enough and the benefit (to the family) since moving (to the service)."
- Risk assessments we looked at were detailed and clearly outlined the actions that should be taken to manage and reduce risks to people. For example, pressure care for sore skin, catheter care, moving and transferring people using hoist equipment. There was some additional information required regarding risk assessments for people using paraffin based creams and smoking to mitigate the risk of burns. However, these were implemented immediately at the time of the inspection and conversations with staff demonstrated they knew the risks and how to manage them safely.
- Relatives told us the provider completed a detailed risk assessment of the home environment to make sure safe care could be delivered to their family members.

### Using medicines safely

- Protocols were in place for medication prescribed to be taken on an 'as required' basis. Some additional detail was needed to make sure it reflected people's communication needs. This was addressed immediately following the inspection and updated protocols were introduced into people's care plans.
- Protocols for medicine administered through a tube into the stomach were in place. There were some inconsistencies in a risk assessment and care plan with the amount of water to be used to flush the tube between medicines. This was addressed immediately on the day of the inspection. Conversations with people, relatives and staff demonstrated staff knew how to administer medicines safely this way.
- Peoples' medicines were managed safely. Medicines administration records (MARs) showed people received their medicines as prescribed. Conversations with people and their relatives confirmed MARs and topical cream charts (TMARs) were regularly completed. One person told us, "They [staff] complete all the forms for my medicine and creams, they record everything they do."
- Staff had received training and checks were in place to ensure they were administering medicines safely.

### Staffing and recruitment

- The provider had recruitment processes in place. These included pre-employment checks and checks with the local law enforcement from other countries and a Disclosure and Barring Service (DBS) check was also completed. A DBS provides information about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff on duty to support people safely at the time of the inspection.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "The staff support me safely, there is nothing that has happened they haven't been able to look after."
- Staff told us they had received safeguarding training and explained what actions they would take if they suspected abuse. One staff member said, "If a client told me confidential information which is abuse or if something is wrong, it is my responsibility to report this and keep the client safe. We have our own on call system or I'd just call the care manager."
- The provider had appropriate processes in place to safeguard people from the risk of abuse.

#### Preventing and controlling infection

- The provider had infection control policies and procedures in place and staff had received training in how to prevent and control infection.
- Personal protective equipment (PPE) was available for staff and people to use.
- Staff carried out COVID-19 tests to help prevent the spread of infection.
- People and relatives confirmed staff wore their PPE appropriately when delivering care.

#### Learning lessons when things go wrong

- There were processes in place to record and monitor incidents to make sure appropriate action was taken and measures put in place to mitigate risk of reoccurrences.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Two of the staff training records we looked at had not been signed 'as completed'. For example, when the staff member had completed their induction, their first shadow review or their start date. The registered manager explained this had been identified through their own audits and they were in the process of reviewing all their staff files for consistency.
- Staff told us they had received the appropriate training to give them the skills and knowledge to support people safely. One staff member told us, "The training is theory and practical and it really helped me. We have mostly complex care and I've learnt a lot about how to assist people living with complex care for example, peg feeds (feeding through a plastic tube into a person's stomach), catheter, hoisting and using a nebuliser."
- People and relatives we spoke with consistently told us they felt the staff were sufficiently trained in their role to support them. One relative told us, "One of the benefits of this service is they call it nurse led which is a good thing. I can just tell they [staff] have been trained to a higher level than what we have experienced before."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed by a member of the management team prior to their admission to the service. One person told us, "They [managers and care staff] have been very good and listened to my needs. They came into hospital to shadow the nurses and see what they needed to do. They have listened to what care I need, and the care has been co-ordinated accordingly."
- The pre-admission process was person-centred, fully involving the person and their family members to make sure the service could meet the person's needs.
- Staff we spoke with were knowledgeable about people's support needs and how to deliver effective care.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were considered and appropriately assessed. Staff knew how to support people safely with specific nutritional needs. For example, the consistency of pureed food and the amount of thickening agent put into fluids to make sure the person did not choke.
- Staff had completed Basic Food Hygiene training.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider and staff worked in partnership with people, their relatives and health and social care professionals.

- Staff knew what to do if they had concerns about a person's health or if there was a medical emergency.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff understood the importance of involving people in making decisions about their care and support and had completed training in the MCA.
- Staff we spoke with gave us examples of how they gained consent before supporting people with their care.
- People and relatives confirmed staff always sought consent before providing care and support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and caring staff. One person and their relative told us, "The staff are very caring and dedicated as well. The job they do is quite involved with my condition and there is a lot to do. They are most caring." "I've not seen all of them [staff] but three [staff] especially have become friends to me and I feel that I could talk to them if there any concerns."
- Conversations with staff members showed there were good supporting relationships with people and their relatives.
- Care plans were detailed, person centred and documented people's wishes, choices, personal goals and how they wanted to be supported.

Supporting people to express their views and be involved in making decisions about their care

- A member of the management team had regular meetings with people using the service and their relatives to make sure people were able to express their views and be involved with the support they received. One person told us, "We've had more contact with [staff member], we know he is at the end of the phone and he did say if we have any concerns to ring him straight away."
- People and relatives told us they were involved in planning their care planning, they felt listened to and their views and wishes were respected.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that privacy and dignity was promoted. Staff would ensure privacy when personal care support was given.
- Staff told us how they supported people to do as much for themselves as they were able to help them maintain some independence.
- Staff we spoke with clearly understood peoples' support needs.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received support that was personalised to their individual needs and preferences.
- Information we looked at such as meetings feedback showed people and their relatives were happy with their support and told us staff were responsive to their individual needs.
- People and relatives told us they were involved in planning their own support and had regular reviews.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of the Accessible Information Standard and explained the different methods used to effectively communicate with people.
- We saw easy read, pictorial and information written in different languages would be made available for people when they required it.
- Staff told us how they used alternative communication aids with people. For example, iPads and whiteboards for people who had difficulty with verbal communication.

Improving care quality in response to complaints or concerns

- People and their relatives we spoke with told us they had no concerns about raising issues or complaints with the registered manager.
- Although there had been no complaints, we saw there was a process in place to record and monitor complaints.

End of life care and support

- There were no people requiring end of life support at the time of this inspection. However, the provider had completed end of life planning and people's wishes in the event of them becoming unwell.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated required improvement. This meant while it did support the delivery of high-quality, person-centred care, the oversight of the services processes by management, required some improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Appropriate assessments had not been made for people who smoked. For example, risk of harm from smoking had been identified but there was limited guidance for staff on how to support the person safely. Conversations and communication with staff and people clearly demonstrated staff knew how to keep people safe from risk of harm. The risk assessments required updating to reflect the actions staff were taking.
- The provider had appropriately identified one person used a paraffin based cream for their skin. However, there was little guidance for staff on how to mitigate the risk of ignition. Conversations with staff and people confirmed the risk was being managed effectively and staff knew the actions to take. The risk assessments required updating to reflect the actions staff were taking.
- Systems had not identified some care plans, located in the office, had not been updated and signed to reflect recent amendments contained in the care plans at people's homes. We spoke with the registered manager and the care plans were updated immediately. Conversations with people and relatives confirmed there were no issues with how the staff were delivering support and the care was reflective of people's most recent needs.
- We found there were two incidents not notified to the CQC. We discussed these with the registered manager. They were open and transparent with us and told us, they were not aware these two incidents should have been reported to us. We reviewed the incidents in more detail. They had been referred to the appropriate safeguarding agencies and investigated fully with no provider failure. The registered manager understood why they should have notified us and apologised as it was a genuine oversight on their part.
- People and relatives told us the communication between themselves, the staff and the office was good. They found the registered manager and their team to be open, honest and transparent. One relative told us, "Most of the communication I have is with the carers that come to [person]. They [staff] do so much. We don't really need to contact the office much. The carers will video call me and send me messages of how [person] is doing. I've never had that before we would have to rely on family members for video call but they [staff] do it for us."
- The management team and staff had good understanding of their roles and worked well together as a team to provide high quality care.
- Regular audits were carried out to check on the quality of the service and to support continuous improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The management team and their staff promoted a person-centred service. They recognised the links between well trained staff and the provision of person-centred care with good outcomes for people. One relative told us, "I was probably the most stressed out person you could meet but they [staff] have taken that out because of the support they have given. They [staff] get on well with the whole family and seem to want to support us all."
- All staff spoken with were positive about their roles and the support they received from the management of the service. One staff told us, "I love my work and that I can provide care and support to those unable to do so for themselves and when you see them doing things on their own that gives me so much pleasure."
- Staff told us the registered manager and her team encouraged an open and honest approach within the service and was continuously looking for ways to improve. They took responsibility if anything went wrong and took immediate action to put things right. Conversations with people and relatives supported this approach.
- During the inspection, the registered manager was responsive to our feedback. They showed a commitment to continuous improvement in the service to meet people's needs. The matters we highlighted were addressed immediately and at no time had any harm come to people or staff.
- The registered manager and staff received continuous support from health care professionals to ensure their skills and knowledge were up to date to support people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were several ways for people, relatives and staff to make their views known. This included regular meetings, telephone calls, supervisions and spot checks.
- Staff told us they felt well supported by the provider. They said the management team were approachable and responsive if they raised any issues with them. Comments included, "I would say in terms of supervision and getting everything right they [the managers] are very good at it. They train us and remind us they are always there if we want anything. I haven't any cause to say otherwise," and, "The managers are so supportive, they are the best people to go to if you are worried about anything they provide me with the support that I need."
- The provider ensured that, where required, staff had reasonable adjustments to support them in their roles. For example, to maintain cultural practices.

Working in partnership with others

- The registered manager and staff understood the importance and benefits of working alongside people, their relatives and health and social care professionals. This made sure people consistently received the support they needed.